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24112 7590 08/13/2004
COATS & BENNETT, PLLC
P O BOX 5
RALEIGH, NC 27602
11/15/2004 MMKONE1 00000034 10087732

01 FC:2501 685.00 OP



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<i>Alfonso E. Sandoval</i>	(Depositor's name)
<i>Alfonso E. Sandoval</i>	
NOVEMBER 10, 2004	
(Signature)	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/087,327	03/01/2002	James R. Fore SR.	4287-010	3040

TITLE OF INVENTION: DUAL HEAD WIRE WINDING MACHINE WITH SINGLE WIRE TRANSFER ARM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	11/15/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LANGDON, EVAN H	3654	242-474400

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
	<p>1. <i>COATS & BENNETT, P.L.L.C.</i> 1400 CRESCENT GREEN SUITE 300 2. <i>CARY, N.C. 27511</i> 3. <i></i></p>

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

X-POOLER, INC.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

*CANTON,
NORTH CAROLINA*

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies _____

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number *18-1165* (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

James E. Sandoval (Date) *11/10/04*

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